

INTERNET ACH VENDOR/MISCELLANEOUS PAYMENT ENROLLMENT FORM

This form is used for Automated Clearing House (ACH) payments with an addendum record that contains payment-related information processed through the Vendor Express Program. Recipients of these payments should bring this information to the attention of their financial institution when presenting this form for completion.

PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to vendor's financial institutions. Failure to provide requested information may delay or prevent the receipt of payment through the Automated Clearing House Payment System.

AGENCY INFORMATION

FEDDERAL PROGRAM AGENCY

SOCIAL SECURITY ADMINISTRATION

AGENCY IDENTIFIER:

SSA

AGENCY LOCATION CODE (ALC):

28040001

ACH FORMAT:

CCD+

ADDRESS:

SOCIAL SECURITY ADMINISTRATION

P.O. BOX 47, BALTIMORE, MD 21235-0047

CONTACT PERSONS NAME:

CHRISTINA LILLY, OFFICE OF FINANCE, SSA

TELEPHONE NUMBER:

(410) 965-6119

ADDITIONAL INFORMATION:

FAX NUMBER (410) 965-9248

PAYEE/COMPANY INFORMATION

NAME:

SSN NO. OR TAXPAYER ID NO.

ADDRESS:

CONTACT PERSONS NAME:

TELEPHONE NUMBER:

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FINANCIAL INSTITUTION INFORMATION

NAME:

ADDRESS:

ACH COORDINATOR NAME: (BANK REP.)

TELEPHONE NUMBER:

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NINE-DIGIT ROUTING TRANSIT NUMBER:

DEPOSITOR ACCOUNT TITLE:

DEPOSITOR ACCOUNT NUMBER:

TYPE OF ACCOUNT: (CIRCLE ONE)

CHECKING

SAVINGS

SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL:

TELEPHONE NUMBER:

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OMB NO. 1510-0056 EXPIRATION DATE: 06/30/93 NSN 7540-01-274-9925
SF 3881 (REV. 12/90) PRESCRIBED BY DEPARTMENT OF TREASURY 31 USC 3322, 31 CFR 210

3881-102 AGENCY COPY

Instructions for completing the SF-3881 Direct Deposit Form

Agency Information

SSA has completed this information on the enrollment form for you.

Payee/Company Information

The vendor completes this information. The Taxpayer Identification (ID) Number (TIN) must be provided on all future invoices for payment purposes.

Financial Institution Information

This information can be completed by the vendor or the vendor's Financial Institution (FI). The following must be completed:

1. Name and address of FI.
2. ACH Coordinator - A contact at the bank in the ACH Department.
3. Telephone Number of the Bank Contact.
4. The 9 - digit Routing and Transit Number (RTN) - This number uniquely identifies any FI and is used to direct the payments to the designated receiving FI. The FI provides this information.
5. Telephone Number of the Bank Contact.
6. Depositor Account Title - Name of the account, if different from the vendor's name.
7. Depositor Account Number - Vendor's Account Number.
8. Type of Account - Checking or Savings.
9. Signature and Title of Authorized Official - Signature from someone who authorizes SSA to have the FI information for deposit of payments. This could be the vendor or FI personnel.
10. Telephone Number - Telephone number of the person who signed the form.

After the agency receives this information, a zero dollar entry will be processed to verify accurate bank information. There is a 6 day waiting period for verification. After positive verification, your payments will be submitted by direct deposit.